

**Medicaid Outpatient Drugs Coverage
Excluded Drug Coverage Information By State
January 1, 2006**

MASSACHUSETTS

DESCRIPTION

This chart provides information on excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid's website.

MEDICAID ELIGIBILITY

This State provides coverage for the Categorically Needy and Medically Needy.

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain

None

Drugs when used to promote fertility

None

Drugs when used for cosmetic purposes or hair growth

None

Drugs when used for the symptomatic relief of cough and colds

Some

The state offers restricted coverage of cough and cold preparations

Prescription vitamins and mineral products

Some

The state offers restricted coverage of pediatric vitamins, prenatal vitamins, and other vitamins and minerals included in its drug list.

Nonprescription drugs (Over-the-Counter)

Some

The state offers restricted coverage of allergy, asthma and sinus products, analgesics, cough and cold preparations, digestive products, feminine products and topical products.

Barbiturates (drugs used before surgery to relieve anxiety or tension, to help control seizures in certain disorders or diseases, sometimes used to relieve nervousness or restlessness during the daytime)

All

Benzodiazepines (drugs used to relieve anxiety, treat insomnia (trouble in sleeping), or help relax muscles or relieve muscle spasms)

All

Smoking Cessation (except dual eligibles as Part D will cover)

None

Massachusetts – Excluded Drug Coverage (continued)

STATE WEBSITE

<http://www.mass.gov/portal/site/massgovportal/menuitem.6b3609bb385731c14db4a11030468a0c/?pageID=eohhs2subtopic&L=4&L0=Home&L1=Provider&L2=Guidelines+for+Clinical+Treatment&L3=MassHealth+Drug+List&sid=Eeohhs2>